

PLAINTIFF <b>Mackenzie Elaine Brown</b>	COURT CASE NUMBER <b>1:23-cv-270-MR-WCM</b>
DEFENDANT <b>Henderson County Sheriff's Office, et al,</b>	TYPE OF PROCESS <b>Summons and Complaint</b>

**SERVE** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Emily Greene Cowan**  
**AT** { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**743 Old Orchard Dr., Laurel Park, N.C. 28739**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>2</b>
<b>Mackenzie Elaine Brown 158 Haven Rd. East Flat Rock, NC 28726</b>	Number of parties to be served in this case <b>9</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of: <b>/s/ Deputy SMM O/B/O</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>828-771-7219</b>	DATE <b>10/17/2023</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <hr/>	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address ( <i>complete only different than shown above</i> )	Signature of U.S. Marshal or Deputy
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*Costs shown on attached USMS Cost Sheet >>*

REMARKS